



Under the Patent and Trademark Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 04/30/2003. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/820,649-Conf. #6561
		Filing Date	March 30, 2001
		First Named Inventor	Steven M. Ruben
		Examiner Name	R. Mitra
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1653
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Docket No.	PZ012P1C2

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.			
The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$) 0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 19 -24** = 5 x Fee from below = 0.00			
Independent Claims 4 -4** = 0 x Fee from below = 0.00			
Multiple Dependent			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$) 0.00			
** or number previously paid, if greater; For Reissues, see above			
		4. OTHER FEES (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 0.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	46,789
Signature		Telephone	(240) 314-1224
		Date	August 14, 2003

RECEIVED
AUG 18 2003
TECH CENTER 1600/2900